EXHIBIT C

UNITED STATES BANKRUPTER COURT 9106- DISTRICT OF NEVADA	PR	of of t	LA	livi	53:11	age 2 of	11
Name of Debtor US 4 CO UNERCIAL MORTYALE CONPANY	Case Nu	mber 10725-4	L B	R			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expension after the commencement of the case. A request for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if y aware that anyone filed a proof of cla	e else h im relat	nas ting to			
Name of Creditor and Address PANAGIO(IS DOVANIDIS DIMITRA DOVANIDOG STWROS 14 MIKINOIN ST GLYFADA ATHERVS 16674 GREECE		statement giving p Check box if y never received an from the bankrupts BMC Group in this Check box if t differs from the ad envelope sent to y	you have you have you have your course or course this additional this addition	ers /e es t or fress on the	SECURED INT ONE OF THE D If you have a Bankruptcy Co	EREST IN A BO DEBTORS already filed a pourt or BMC you	F CLAIM FOR A DRROWER THAT IS NO roof of claim with the do not need to file again
Creditor Telephone Number () 277-30210 -96224 Last four digits of account or other number by which creditor identifies d 4041		Check here	Ħ	replac or	ės a previous	Sty filed claim	dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Services performed Taxes	Wages s	enefits as defined alaries and come digits of your SS	d in 11 ipensa		§ 1114(a)	Other	nitted principal claims against service or loan balances)
Money loaned Other (describe briefly)		ompensation for		es perf	ormed from	(date)	to (date)
2 DATE DEBT WAS INCURRED	3 IF CO	OURT JUDGMEN	VT, DA	TE OF	STAINED		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descri	oe your claim and s	tate the	e amoui	nt of the claim a	t the time case i	filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you entitled to priority		a right o	this bo of seto	x of you	ur claim is sec collateral	cured by collate	eral (including
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority		Rea Value o			Motor Vehic	cle	
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(unsecured)	(s	ecured)	\$		riority)	\$ 50	7_000,00 (Total)
Check this box if claim includes interest or other charges in addition to the	e principalia	mount of the clain	n Atta	ch item	ized statemen	t of all interest o	r additional charges
6 CREDITS The amount of all payments on this claim has been credit 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments mortgages security at DOCUMENTS if the documents are not available explain. If the documents are not available explain if the documents of the proof of claim.	<i>ments,</i> su greements ocuments	ch as promissory and evidence o are voluminous	notes f perfe attach	purch ection of a sum	nase orders in of hen DO N mary	nvoices itemiz OT SEND OR	IGINAL
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, co	p evailing	g Pacific time lo	ı Nov	ember	966 11	1	PACE FOR COURT USE ONLY
BMC Group JCA 1/2 / C	BMC Grou Atır USA(Acarr	ELIVEF	RY TO	FILED	NOV 2	9 2006
	El Seguna creditor or	Franklin ^ == 1 o (4 Ju_ l other person autho	rized to	file			_300
11/21/06 Yeverns	25				·	1	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonmen	t for up to 5	years or both 18	USC	§§ 15	5 2 AN D 3571		1072501506

UNITED STATES BANKRUBTEY COURF 9100- DISTRICT OF NEVADA	PR	OF OF CLAIM	 	age 3 of 11
Name of Debtor US 4 COMMIER LIA! MORTGAGE CO	Case Nu	ımber		
US 4 CEMMIER CITTI MORICAGE CO	06-	10775-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case. A request for payment of		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
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GLY FADA ATHENS, 16645		from the bankruptcy court or BMC Group in this case Check box if this address		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
GREECE		differs from the address on the	· ·	eady filed a proof of claim with the
Creditor Telephone Number () 01/- 3020 - 96223	12%	envelope sent to you by the court	1 ' '	or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies of			<u> </u>	E 10 T OK GOOK T GOE ONE T
4041		Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages :	salaries and compensation (f	fill out below)	Other claims against service
Services performed Taxes	Last four	digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	ompensation for services per	formed from	to (date) (date)
2 DATE DEBT WAS INCURRED		DURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amou	int of the claim at t	he time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo	your claim or claim is	Check this box if yo a right of setoff)	our claim is secui	red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ 30.	000.00
Amount entitled to priority \$		Amount of arrearage an		at time case filed included in
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DOCUMENTS If the documents are not available explain. If the de				1 SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of y	our claim enclose a stamped	self addressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	prevailin	g Pacific time 🧊 Novembe	שו 10 יין יי	THIS SPACE FOR COURT USE ONLY
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Torandy	,			LICA CMC

Penalty for presenting transdulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

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		es-bankruptey Court 9100 Rict of Nevada	PR	OOF OF CLAIM	J.II Fa	ge 4 01 11
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	_	A ATHENS, 16675	•	Check box if this address	ONE OF THE DEB	
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		4041		if this claim amen	•	filed claım dated
1 5	BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
<u> </u>	」Goods sold	Personal injury/wrongful death	Wages	salaries and compensation (fill out below)	Other claims against service
L	Services performed	L Taxes	Last fou	ir digits of your SS#		(not for loan balances)
12	Money loaned	Other (describe briefly)	Unpaid	compensation for services per	rformed from	to
2 [DATE DEBT WAS INCUR	RED	3 IF C	OURT JUDGMENT DATE O	BTAINED	(date) (date)
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Ч	exceeds the value of the pri	s no collateral or lien securing your claim or operty securing it or if c) none or only part of	b) your claim your claim is			, ,
1 181	entitled to priority	A		Brief description of	collateral	
	SECURED PRIORITY CL	AIM an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
-	entitled to priority	an directived claim and part of which is		Value of Collateral	_	000.00
	Amount entitled to priority	\$		Amount of arrearage an		at time case filed included in
	Specify the priority of the cla	aım —		secured claim if any		-
	Domestic support obligation	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)) <u> </u>	Up to \$2 225* of deposits towa	rd purchase lease	or rental of property or
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/	1/9//01	this claim Cattach copy of power of atto		rouner person authorized to file		
/	1/91/06	Dovary di				LISA CMC

UNITED STATES BANKRUPTCY COURT 9100-	PRO	OF OF CLAIM	93.11 F	age 5 of 11
Name of Debtor USA COMMERCIAL MORTGAGE CO	Case Nu	mber (0°725-4 <i>BR</i>		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address PANAGIOTIS DOVANIDIS + DIMITAA DOVANIDOU JTWAG 14 MIKINON ST GLYFADA ATTHENS, 16675	os	your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
GREECE Creditor Telephone Number () 0//- 302/0 - 96229		Check box if this address differs from the address on the envelope sent to you by the court	Bankruptcy Court	ready filed a proof of claim with the tor BMC you do not need to file again CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies 4041	debtor	Check here replace or if this claim amen	a previousi	y filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)	Wages s	penefits as defined in 11 U S salaries and compensation (digits of your SS # compensation for services pe	fill out below)	Unremitted principal Other claims against service (not for loan balances)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		DURT JUDGMENT, DATE Of		(date) (date)
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UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$		Real Estate Value of Collateral	Motor Vehicle \$ 30	Other Other at time case filed included in
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Creditor Telephone Number (DE)	l in MILLINGU AZ				SECURED INTER	EST IN A BORROWER THAT IS NOT
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Last four digits of account or other number by which creditor dentifies debtor April Apri		76		by the		
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11/21/06 Provarioh; USACMC	SIGN and print the name and title if any of this claim (attach copy of power of atto	the creditor or orney if any)	r other person authori	zed to file		
	11/21/06 19mansh					LIGACO
	Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonm	ent for up to	5 years or both 18 U	SC §§	152 AND 3571	

Case Vorda nestignize - 16/00 8	7141013 5141	noe.ed! 98/10/10/	<u>ng saphhe</u> Pag	<u>47 01 11</u>
UNITED STATES BANKRUFTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAI	М	
Name of Debtor:	Case Nu	Case Number:		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative raising after the commencement of the case. A "request" for pay administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address: 113212426 RULON, PHILLIP 2800A WRONDEL WAY RENO NV 89502 Creditor Telephone Number () 225 - 825 - 04 24	ment of an 3. 038405	Check box if you are aware that anyone else ha filed a proof of claim relati to your claim. Attach copy statement giving particular. Check box if you have never received any notice from the bankruptcy court BMC Group in this case. Check box if this addidiffers from the address or envelope sent to you by the court.	IF YOU ARE ONL' WHOSE LOAN IS DEBTORS YOU D OF CLAIM. THIS BORROWER HEL SECURED INTERI ONE OF THE DEE If you have aire Bankruptcy Court of	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE O NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT. S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT ETORS. ady filed a proof of claim with the or BMC, you do not need to file again.
Last four digits of account or other number by which creditor ider			INIS SPACE	IS FOR COURT USE ONLY
0875	runes debtor:		eplaces or a previously amends	filed claim dated:
1. BASIS FOR CLAIM	Retiree b	penefits as defined in 11	U.S.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	wages,	salaries, and compensat	tion (fill out below)	Other claims against service (not for loan balances)
Money loaned		compensation for service	s performed from:	(date) (date)
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DA	TE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or box	xes that best descr	ibe your claim and state the	amount of the claim at th	e time case filed.
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	l	•
Check this box if: a) there is no collateral or fien securing your claim exceeds the value of the property securing it, or if c) none or only page.	, or b) your claim art of your claim is	a right of setof	f).	ed by collateral (including
entitled to priority. UNSECURED PRIORITY CLAIM		\	on of collateral:	_
Check this box if you have an unsecured claim, all or part of which is entitled to priority.	s	✓ Real Estate Value of Colla	e Motor Vehicle teral: \$	Other
Amount entitled to priority \$ Specify the priority of the claim:		Amount of arreara		at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits		
Wages, salaries, or commissions (up to \$10,000)*, earned within 18 before filing of the bankruptcy petition or cessation of the debtor's	30 days		nily, or household use -11 to governmental units - 1	
business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable	e paragraph of 11 U.S.C.	§ 507(a) ().
Contributions to an employee benefit plan - 11 0.5.C. § 507(a)(5).	4		adjustment on 4/1/07 and mmenced on or after the c	d every 3 years thereafter late of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED:	_\$ 503,4	179.62 _\$ _		\$
(unsecured) Check this box if claim includes interest or other charges in addition	_ (s	secured)	(priority) ch itemized statement of	(Total) all interest or additional charges.
 CREDITS: The amount of all payments on this claim has bee SUPPORTING DOCUMENTS: <u>Attach copies of supportine</u> running accounts, contracts, court judgments, mortgages, see DOCUMENTS. If the documents are not available, explain. It DATE-STAMPED COPY: To receive an acknowledgment proof of claim. 	g documents, sucurity agreement f the documents	uch as promissory notes, s, and evidence of perfe are voluminous, attach	purchase orders, invocation of lien. DO NOT a summary.	ices, itemized statements of SEND ORIGINAL
The original of this completed proof of claim form must b ACCEPTED) so that it is actually received on or before 5: for each person or entity (including individuals, partnersh governmental units).	00 pm, prevailin	ig Pacific time, on Nove	ember 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVER	Y TO:	
Attn: USACM Claims Docketing Center P. O. Box 911	Attn: USA	CM Claims Docketing C	enter	•
El Segundo, CA 90245-0911		t Franklin Avenue do, CA 90245		
DATE SIGN and print the name and title, if an this claim (attach copy of power of		other person authorized to	the / M	
11-7-2006 PHILL & M. RVO		alth S. Aulo	1 WHAN V	

Case out all nest and 25-16/00	<u> </u>	146.6d! 198/140/170/0	8.53Phhe Pag	1 4 78 01 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIN	1	
Name of Debtor:	Case No	Case Number:		
USA Commercial Mortgage Company	06-10	725-LBR		
RULON, PHILLIP 2800A WRONDEL WAY RENO NV 89502	payment of an 503. 42038405	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	MHOSE LOAN IS DEBTORS YOU D OF CLAIM. THIS BORROWER HEL DO NOT FILE THI SECURED INTER ONE OF THE DEB If you have alre Bankruptcy Court	eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number () 775 - 825 - 04			THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor i	dentines deptor:	1 OHOUR HEIGH L	places or a previously nends	filed claim dated:
1. BASIS FOR CLAIM	Retiree	benefits as defined in 11 U	.S.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful de Taxes	wages,	salaries, and compensatio	n (fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		compensation for services	performed from:	(date) (date)
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE	OBTAINED:	(444)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or	boxes that best descr	ribe your claim and state the a	mount of the claim at th	ne time case filed.
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		•
Check this box if: a) there is no collateral or fien securing your clexceeds the value of the property securing it, or if c) none or onlentitled to priority.	aim, or b) your claim y part of your claim is	a right of setoff).		ed by collateral (including
UNSECURED PRIORITY CLAIM		Brief description		
Check this box if you have an unsecured claim, all or part of white entitled to priority.	ch is	✓ Real Estate Value of Collate	☐ Motor Vehicle ral: \$	Other
Amount entitled to priority \$ Specify the priority of the claim:		Amount of arrearage secured claim, if any		at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or	(a)(1)(B)	Up to \$2,225* of deposits to		
Wages, salaries, or commissions (up to \$10,000)*, earned within before filling of the bankruptcy petition or cessation of the debtor		services for personal, family Taxes or penalties owed to	•	• (// /
business, whichever is earlier - 11 U.S.C. § 507(a)(4).	. 🗀	Other - Specify applicable p	•	
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	* Amounts are subject to ac with respect to cases comm		
5. TOTAL AMOUNT OF CLAIM \$	\$ 503,4		nenced on or aner the	\$
AT TIME CASE FILED: (unsecured) Check this box if claim includes interest or other charges in ad	(;	secured)	(priority)	(Total)
 CREDITS: The amount of all payments on this claim has SUPPORTING DOCUMENTS: <u>Attach copies of suppor</u> running accounts, contracts, court judgments, mortgages, DOCUMENTS. If the documents are not available, explain 	rting documents, su security agreement	uch as promissory notes, p	urchase orders, invo	oices, itemized statements of
8. DATE-STAMPED COPY: To receive an acknowledge proof of claim.				envelope and copy of this
The original of this completed proof of claim form must ACCEPTED) so that it is actually received on or before for each person or entity (including individuals, partner governmental units).	5:00 pm, prevailir rships, corporation	ng Pacific time, on Noven ons, joint ventures, trusts	nber 13, 2006 and	THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group	BMC Gro			
Attn: USACM Claims Docketing Center P. O. Box 911		ACM Claims Docketing Cer at Franklin Avenue	nter	
El Segundo, CA 90245-0911	El Segun	do, CA 90245		
DATE SIGN and print the name and title, i this claim (attach copy of pow			MIM	
	,	Alsh S. AUlON	· CANTHAL	

Name of Debtor USA COMMERCIAL MURICAGE CO	Case Number	725 LBR	53:11 Pag	e 9 of 11
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address S & P DAVIS LIMITED PARTNERSHIP A TEXAS PARTNERSHIP PO BOX 5718 ENCINITAS GA 92023 Creditor Telephone Number (\$7) 3/2 - \$350 (Cell)	of an awan filed a to you state: 2 De BMC differenvel	Check box if you are a that anyone else has a proof of claim relating in claim. Attach copy of ment giving particulars. Check box if you have received any notices the bankruptcy court or Group in this case. Check box if this address is from the address on the ope sent to you by the	SECURED INTER ONE OF THE DEE If you have alre Bankruptcy Court	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT STORS hady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	Ch if th	eck here replaced record replaced replaced record replaced replace	. a previously ids	filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe bnefly)	Wages, salarie	ts as defined in 11 U S es, and compensation (of your SS # ensation for services pe	fill out below)	Unremitted principal Other claims against servicer (not for loan balances) to
2 DATE DEBT WAS INCURRED 1-1-05 to 4-13-06		JUDGMENT, DATE C	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 4/9, 98/ Check this box if a) there is no collateral or lien securing your claim or by exceeds the value of the property securing it or if c) none or only part of you entitled to priority UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5) 5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED	your claim our claim is Up t serve Tax	Check this box if year right of setoff) Brief description of Real Estate Value of Collateral Amount of arrearage all secured claim if any to \$2 225° of deposits towards or personal family of the collateral family of t	collateral Motor Vehicle mod other charges and purchase lease or household use -1 evernmental units - 1 agraph of 11 U S C stiment on 4/1/107 an	or rental of property or 1 U S C § 507(a)(8) § 507(a) () d every 3 years thereafter
Check this box if claim includes interest or other charges in addition to ti	,	*		• •
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts, contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the company of the proof of claim.	<u>uments,</u> such as agreements and documents are v	promissory notes, pur l evidence of perfection oluminous attach a sui	chase orders, inve of lien DO NO mmary	Dices, itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911 DATE SIGN and print the name and title if any of the	n, prevailing Pac corporations, jo BY HAND OR ON BMC Group Attn USACM C 1330 East Fran El Segundo, C/ he creditor or other	cific time, on Novemb int ventures, trusts at PERNIGHT DELIVERY TO Claims Docketing Cente ikkin Avenue A 90245	er 13, 2006 nd)	THIS SPACE FOR COURT USE ONLY FILED DEC 0 4 2006
Dec 4 66 Rose C. LEPome		PAR FIRE	1664 4-5	USA CMC 1072501419

FORM B10 (Official Form 10) (10/05)

TOTAL DID (Chicial Folia To) (Tores)						
United Stalls Bankruptcy Court	Dis	TRICT OF NEVADA	PROOF OF CLAIM			
Name of Dubtor	Case	Number	Committee of the contract			
USA COMMENCIAL MORTENEE COMPA	vy 06	e-10725-LBR				
NOTE. This form should not be used to make a claim for an admit of the case. A request for payment of an administrative expense of	nistrative exp	ense arising after the commencement pursuant to 11 USC \$ 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property) SANCHEZ LIVING TRUST DATED 19/13/6 E/D RANDY M SANCHE 28 SHARON SANCHEZ TRUSTEES	else your givii	ck box if you are aware that anyone has filed a proof of claim relating to relaim. Attach copy of statement ng particulars. ck box if you have never received an				
Name and address where notices should be sent	noti	ces from the bankruptcy court in this				
S713'N WHITE SANDS RO RENO NU 895/1	addı	ck box if the address differs from the ress on the envelope sent to you by	THIS SPACE IS HOR COURT USE ONLY			
Telephone number 775-852-2083		COURT.	THE SOURCE OF SHIP OF OREIT			
Last four digits of account or other number by which creditor identifies debtor	of th	ck here Pr eplaces is claim <u>amends</u> a previously f	iled claim dated 8/10/06			
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other ☐ SEE EXHIBIT A		Retiree benefits as defined in Wages, salaries and compen Last four digits of your SS # Unpaid compensation for se from	sation (fill out below) rvices performed			
2 Date debt was incurred OCTORIO 1, 2004	3.	If court judgment, date obtaine	ed			
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filled See reverse side for important explanations. Unsecured Nonpriority Claim \$ 2.77,066.47 If Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or (a)(1)(B) Wages, salaries or commissions (up to \$10 000),* earned within 180 days before filing of the bankrupicy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. \$ 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. \$ 507(a)(5) Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges						
6. Credits The amount of all payments on this claim has be making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts, corragreements and evidence of perfection of lien DO NOT SI documents are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are not available, explain If the documents are volocuments are volocuments are volocuments are volocuments are volocuments are volocuments. Sign and print the name and title, if any, of file this claim (attach copy of power of at I/9/07 If the volocuments are volocuments are volocuments. Sign and print the name and title, if any, of file this claim (attach copy of power of at I/9/07 If the volocuments are volocuments.	aments such ntracts, court END ORIGII oluminous at e filing of you of the credito dromey if an	as promissory notes, purchase judgments, mortgages, security NAL DOCUMENTS If the tach a summary in claim enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY ED JAN 1 2 2007 USA CMC			

FORM B10 (Official Form 10) (10/05)

UNITED STATES	BANKRUPICY COURT	Dı	STRIC I	OI Nevada	
Name of Debtor	Name of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR			PROOF OF CLAIM	
NOTH This form s of the case A requ	hould not be used to make a claim for an admini- ucst for payment of an administrative expense ma	strative ex ay be filed	pense arı: pursuant	sing after the commencement to 11 USC § 503	ent
dcbtor owcs moncy Alan R & wife	The person or other entity to whom the or property) Simmons & Judith B Simmons husband as joint tenants with right of survivorship	else you	has filed ir claim ing partic		to
ALAN F PO BO	where notices should be sent R SIMMONS & JUDITH B SIMMONS IX 13296 H LAKE TAHOE CA 96151-3296	not cas Che	ices from e eck box if	t you have never received the bankruptcy court in the bankruptcy court in the address differs from the	this he
Telephone number Last four digits of a	ccount or other number by which creditor	the	ress on ti court ck here	he envelope sent to you by	THIS STACE IS FOR COURT USE ONLY
identifies debtor		ıf tl	us claim	amends a previously	y filed claim dated
✓ Money!	old performed		U L	Retiree benefits as defined Vages salaries and comp ast four digits of your SS Inpaid compensation for rom	ensation (fill out below) S # services performed to
✓ Other —				(date)	(date)
2 Date debt wa	December 2002	3		rt judgment, date obtai	
Unsecured Nonpr Check this box b) your claim exceed only part of your claim Unsecured Priority	or if you have an unsecured claim all or part of w	claim or	Secure Secure	Check this box if your clain of setoff) Brief Description of Collain Real Estate Mo Value of Collateral \$_ ant of arrearage and other of claim if any \$_929	ateral tor Vehicle Other——— unknown Charges at time case filed included in
Wages salaries days before filing of business whichever i	or commissions (up to \$10 000) * earned within the bankruptcy petition or cessation of the debto is earlier 11 U S C \$507(a)(4) o an employee benefit plan 11 U S C \$507(a)(a)	180 r s *Am	or services 507(a) Taxes or Other Sounts are	tes for personal family of 0(7) The penalties owed to govern specify applicable paragrage sets because to adjustment on the control of the subject to adjustment on the subject to adjust the subject t	r household use - 11 U S C mental units 11 U S C § 507(a)(8) aph of 11 U S C § 507(a)() 14/1/07 and every 3 years thereafter on or after the date of adjustment
	t of Claim at Time Case Filed		593,14	14 11 _593,144 11	593,144 11
/ /	<u> </u>	tion to the	(unsecure principa	ed) (secured) al amount of the claim A	
6 Credits The making this proof	amount of all payments on this claim has been o	credited ar	id deduc	ted for the purpose of	THIS STACE IS FOR COURT USE ONLY
 Supporting Doc orders invoices it agreements and e documents are not Date Stamped C 	cuments Attach copies of supporting document temized statements of running accounts contract evidence of perfection of lien DO NOT SEND to available explain. If the documents are volum copy. To receive an acknowledgment of the filing and copy of this proof of claim.	ts court jo ORIGIN inous atta	udgment AL DOC ich a sun	s mortgages security () CUMENTS If the	
Date	Sign and print the name and title if any of the file this claim (attach copy of power of attorners)	e creditor ey if any)	or other	person authorized to	
01/11/07	Alan Dimmon			mons	USA CMC